U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended Faiture to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9/32	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Ronald R Cola	Name RI School Lunch Prog & Srvc Employees LU 226		
	Labor Organization File Number 540-308		
PO Box, Bldg Room No if any	PO Box, Building and Room Number if any		
Street 410 South Main Street	Street 410 South Main Street		
City Providence	City Providence		
State Rhode Island ZIP Code + 4 02903	State Rhode Island ZIP Code + 4 02903		
5 Position in labor organization Business Manager			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6 Name and address of Employer (including trade name if any)	7 a. Nature of Interest, Transaction or Income		
Name			
Trade Name, if any			
PO Box, Bldg Room No if any			
Street	7 b. Amount.		
City	\$0		
State ZIP Code + 4			
Signature			
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned s knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)			
undersigned s knowledge and belief true correct, and complete. (See the se	ring documents) has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		

Name of Person Filing Ronald Cola	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name NE Laborers H & S & Lbr Mgt Coop Trst Funds	9 Business deals with			
Trade Name if any  PO Box, Bidg Room No if any  Street 410 So Main St & 226 So Main St  City Providence	a Labor Organization  b Trust  c. Employer			
State Rhode Island ZIP Code + 4 02903	-			
10 If 9 b or 9 c. is checked give trust or employer's name  Name  Trade Name if any  P O Box, Bidg. Room No. if any	11 a Nature of such dealing  Trust Funds which promote health and safety and labor management cooperation for the affiliates of the New England states			
Street	11 b Approximate dollar value of such dealing \$0			
State ZIP Code + 4	12 a Nature of interest held or income received Guest 2004 NE Regional Party			
	12 b Amount. \$100			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a. Nature of payment.			
Name				
Trade Name if any				
PO Box, Bldg Room No If any				
Street				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment. \$0			



## Ronald R Cora, Esq. 410 South Main Street Providence, RS, 02903

August 12, 2005

US Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D C 20210

Dear Sir or Madam

Enclosed in my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on the LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

RONALD R COIA, ESQ

RRC/lr Enclosure